



TEXAS DEPARTMENT OF HEALTH  
LICENSING AND ENFORCEMENT DIVISION

MFG FOOD

FOOD MANUFACTURER LICENSE APPLICATION  
(Health and Safety Code, Chapter 431)

Return both the completed application, and fee made payable to  
TEXAS DEPARTMENT OF HEALTH, in the envelope provided or mail to:  
Texas Department of Health, P. O. Box 12008, Austin, Texas 78711.  
You may visit our website at: [www.tdh.state.tx.us/bfds](http://www.tdh.state.tx.us/bfds)

BUDGET: 7B706  
FUND: 183  
LICENSE # :

If you are a food wholesaler only, (you do not private-label, manufacture, or repack food), contact this office at (512) 719-0246 for the correct application.

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address: \_\_\_\_\_

**FEE SCHEDULE FOR FOOD MANUFACTURERS, PRIVATE LABELERS, AND REPACKERS**

The fee is based on **gross annual sales** for **ALL** food manufactured at the licensed place of business. This includes private labeled food, manufactured food, wholesaled food, and repacked food from the licensed location. Note: If a food manufacturer operates food warehousing locations that are physically separate from any manufacturing location, the food warehouses must be individually licensed as food wholesalers. This includes facilities where food is held for limited periods of time.

**Type of Manufacturer** (Check all that apply):

☐ G Processor/Packer      ☐ G Water Vending Machine(s)      ☐ G Re-packer  
☐ G Private Labeler - Name/Address of Co-Packer: \_\_\_\_\_

**Type of Sales:**

☐ G Wholesale and/or Retail  
☐ G Retail Only

**GROSS ANNUAL FOOD SALES**

**FEE**

<b>G</b>	\$	0.00	\$	9,999.99	- \$ 25.00 for each place of business
<b>G</b>	\$	10,000.00	\$	24,999.99	- \$ 50.00 for each place of business
<b>G</b>	\$	25,000.00	\$	99,999.99	- \$100.00 for each place of business
<b>G</b>	\$	100,000.00	\$	199,999.99	- \$250.00 for each place of business
<b>G</b>	\$	200,000.00	\$	999,999.99	- \$400.00 for each place of business
<b>G</b>	\$	1,000,000.00	\$	9,999,999.99	- \$500.00 for each place of business
<b>G</b>	\$	10,000,000.00		Or more	- \$750.00 for each place of business

**G LATE FEE** - A person who files for renewal after the license expiration date must pay an additional \$100.00

**ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE**

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION; I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE, NOR AM I DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. I FURTHER CERTIFY THAT I HAVE READ & UNDERSTOOD CHAPTER 431 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature \_\_\_\_\_

☐ G OWNER

☐ G PARTNER

☐ G PRESIDENT

☐ G CORPORATE DESIGNEE / AGENT

\_\_\_\_\_ Date

Printed Name & Title \_\_\_\_\_

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of company.

**G New** - Start Date: \_\_\_\_\_

**G Amended** - **G Change of Ownership** } Enter the date the change was/is effective:  
**G Change of Location** }  
**G Change of Name** } Date: \_\_\_\_\_  
**G Other:** }

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

**G Renewal** - Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

**G Notice that firm is out of business.** Date: \_\_\_\_\_  
Sign and date. Return for deletion from our records.

**G Not required to license/permit**  
Reason: \_\_\_\_\_

### RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

(A license cannot be issued for manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence. ***\*Residence address and driver's license number are required of drug and/or device applicants ONLY.***)

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
\*Residence Address

\_\_\_\_\_  
\*Driver's License Number

### BILLING INFORMATION:

Billed to: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

- ◆ A separate license/permit is required for each location. All licenses/permits **must** be displayed at the address licensed/ permitted. (Water Vending licenses may be kept at the home office.)
- ◆ The license/permit will be valid for one year from the new, renewal, or change date.
- ◆ The license/permit renewal application and fee are due each year **PRIOR TO** the anniversary date. This office must be advised of any changes of ownership, name, or address 30 days **PRIOR TO** the change, as this will change the anniversary date. **Please note that it is the responsibility of the license/permit holder to remit the renewal fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license/permit will be issued.**
- ◆ For assistance in completing this application, call (512) 719-0246.
- ◆ Please address any correspondence to: Texas Department of Health, 1100 West 49<sup>th</sup> Street, Austin, Texas 78756.

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**

**LICENSE/PERMIT HOLDER INFORMATION:** Complete the required ownership information. **\*Residence address and driver's license number are required of drug and/or device applicants ONLY.** Attach a separate sheet of paper if needed.

**Legal name of company must be identical to the name on your State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.** The State Tax number and Outlet number **MUST** be completed before a Retail permit will be issued.

Name

Tax Payer ID # / Charter #

Outlet #

Mailing Address of Licensed Establishment

City and State

Zip

**Check One - G Sole Owner / Proprietorship**

**G Partnership**

**G Association**

**G Corporation**

**G SOLE OWNER / PROPRIETORSHIP - Name, \*Residence Address, and \*Drivers License Number of the Proprietor**

Name

\*Residence Address

\*Drivers License Number

**G PARTNERSHIP - Names, \*Residence Addresses, and \*Drivers License Numbers of Managing Partners**

Name

\*Residence Address

\*Drivers License Number

Name

\*Residence Address

\*Drivers License Number

**G ASSOCIATION - Names of Principals, \*Residence Addresses, and \*Drivers License Numbers of Managers**

Name

\*Residence Address

\*Drivers License Number

Name

\*Residence Address

\*Drivers License Number

**G CORPORATION - Provide the Following Information:**

Name of Corporation

Date and Place of Incorporation

President's Name

\*Residence Address

\*Drivers License Number

Officer's Name

\*Residence Address

\*Drivers License Number

Officer's Name

\*Residence Address

\*Drivers License Number

Name of Registered Agent

\*Residence Address

Telephone Number